On the 30th January, a decided amelioration of her symptoms took place, and from that date she continued to improve. On the 13th February she was able to leave her bed, to which she had been confined for the protracted period of three months. The artificial anus ceased discharging on the 19th of the same month, and in eight days no aperture whatever could be detected; a puckered depression, that would admit the point of the finger, existing in its site. Her appetite had lost its fickle character, and any kind of food agreed with her. The bowels had completely resumed their healthy functions, and the evacuations were perfectly natural. Up to the present time she has remained quite well, with the exception of occasional slight pains in the belly. Her abdomen is still rather protuberant, and irregular indurations, as if of enlarged mesenteric glands, can be detected. Should she not have a daily evacuation from the bowels, which she commonly has, she feels some uneasiness, and the site of the artificial anus, instead of being depressed, becomes pouting.

Ulceration of the walls of the intestines, followed by the effusion of their contents into the cavity of the abdomen, and thereby destroying the patient, is not an uncommon consequence of disease in the mucous membrane of the bowels; but I am not aware that a case similar to that which I have related has ever been recorded. There are two cases in Mr. Howship's work on the Intestines, which bear some relation to it, but they are by no means parallel.

Liverpool, June 13th, 1828.

Medico-Chirurgical Transactions. Vol. XIV.
Part 1 and 2. Longman and Co., 1828.

(Continued from page 659.)

An Essay on a peculiar Inflammatory Disease of the Eye, and on its Mode of Treatment. By WILLIAM WALLACE, M.R.I.A.

WE cannot do better than give Mr. Wallace's description of this disease in his own words:—

“When a patient presents himself, labouring under the disease, his aspect is peculiar, and, when once seen, is afterwards easily recognised. To those who have witnessed the venereal iritis, it may be observed, that there are many points of resemblance, as well in the style of the countenance, as in the appearance of the diseased organ. There is often that haggard

and worn aspect, that sickly, mottled pallid hue of skin, that sleepy, exhausted, and oppressed appearance of the eye, which is much more easily observed than described. The patient only half opens the lids of the affected organ. They are of a purplish red colour, and tumid. Their subcutaneous vessels are preternaturally enlarged. The vascularity of the sclerotic and conjunctiva is greatly increased. The vessels of the former describe a reticulated zone round the cornea, and those of the latter run in a direction more or less straight to the edge of this membrane, and sometimes appear to pass on the edge. The hue of the redness is peculiar; it is a dark brick-red. The pupil is generally much contracted, and its edge thickened and irregular. The iris is altered in colour, generally greenish, and incapable of motion. There exists a suffused dimness of the cornea, which may be compared to the appearance glass assumes when it has been breathed upon. There is often a turbidness of the aqueous humour, and a pearly appearance of the parts behind the iris may be observed by looking through the pupil. There is great intolerance of light, and a copious, hot, lachrymal discharge. The vision will be found, for the most part, so extremely imperfect, that the patient can merely distinguish light from darkness, and he is often tormented by flashes of light, which shoot across his eye, and these occur more particularly in dark places; or he is troubled by brilliant spectres, or by the constant presence of *muscæ volitantes*. There is very considerable pain, which returns in paroxysms, and these are almost always more severe at night. The pain is sometimes referred to the ball of the eye, sometimes to one of the lids, sometimes to the temple, or to the circumference of the orbit. It is, one while, compared to the action of a saw on the bones, and, on other occasions, to the darting of a sword through the eyeball.

“This disease occurs as frequently in the male as in the female. The youngest patient, of whose case I have a note, was ten years of age, and the oldest 36 years. It seldom attacks both eyes, and the right eye suffers more frequently than the left. Of forty cases, which I have noted, there were only four who had the disease in the left eye, and only two who had it in both. The general health seldom appears to be much deranged. The tongue is, for the most part, slightly white. There is often considerable thirst, and the pulse is somewhat accelerated. The bowels are frequently confined, and there is, occasionally, a disposition to nausea. The disease has occurred more generally in those who have been the subjects of relapse; but the pe-

riod at which it takes place after the first attack of fever, is extremely uncertain. In some it has appeared immediately, and, in others, not for months. Sometimes a state of apparently full health has intervened between the attack of fever, and the commencement of the inflammatory disease of the eye. On other occasions, the general health has seemed imperfect from the time of the fever, until the occurrence of the ophthalmic affection.

"This disease presents two very distinct stages. During the first stage, there exist amaurotic symptoms alone; and, in the second stage, to the amaurotic symptoms are superadded the symptoms of inflammation. The length of time that the amaurotic symptoms exist before the occurrence of external redness, or of the visible symptom of inflammation, is extremely uncertain, as also the period after fever at which the amaurotic symptoms commence. On many occasions the amaurotic symptoms, particularly a slight dimness of vision, with *muscæ volitantes*, have commenced at, or even before the time of convalescence from fever, and yet the inflammatory stage has not supervened for weeks or even months; while, on other occasions, the dimness of vision has not commenced for several days, weeks, or even months after the febrile attack, and has then been immediately followed by the symptoms of inflammation. It is to be particularly observed that I have never seen a case in which, upon strict inquiry, amaurotic symptoms, more or less strongly marked, have not preceded the inflammatory symptoms. This is, in fact, one of the most remarkable characters of the disease. It is also to be noticed that a similar distinction of symptoms is observable during amendment, for it uniformly happens that the inflammatory symptoms subside a longer or shorter time before amaurotic symptoms disappear, and often before they are diminished in severity."

In answer to the questions—what is the nature of this disease, and what is the texture of the eye primarily affected?—Mr. Wallace says, that it must be considered as an inflammation, according to the common view of this morbid state; but, it is not easy to determine what texture is primarily affected.

"Judging from the course of the symptoms, it is the retina which first suffers; but judging from the disease when advanced, it should be called iritis. Does the disease commence in the choroid membrane, and from this extend to both retina and iris, producing, in the latter, the symp-

toms already described, and a paralysis of the former? This is, perhaps, the more correct view of the subject, and best suited to an explanation of all the phenomena. If this be the case, the disease may be denominated choroiditis."

The disease is perfectly dissimilar to rheumatic ophthalmia, and the only affection with which it is liable to be confounded is *venereal iritis*, to which the resemblance is often so very striking that the one cannot be distinguished from the other, without close attention to the history of the case and concomitant symptoms. Mr. Wallace was led to the discovery of a specific in this disease, by accident. Bark was administered to a man labouring under severe intermittent fever, and who had also the ophthalmic affection under consideration; the consequence was, that both the local and constitutional disorder were cured. Before the efficacy of the bark had been ascertained, depletion and mercury were the usual means employed, but, as Mr. Wallace acknowledges, with "ill consequences."

Numerous cases are detailed, which clearly illustrate the efficacy of the treatment by bark. They are arranged under two heads: 1st, those for which mercury had been employed in vain, and, secondly, those for which this remedy had not been used. In the latter class are included cases not submitted to treatment, until the inflammatory stage had commenced, and those also which were treated in the amaurotic stage.

Mr. Wallace usually prescribes the bark alone, or simply with such medicines as regulate the bowels; at first, he did not employ it when the inflammatory symptoms were very severe, without previous bloodletting; but subsequent experience has shown that bloodletting, in some cases, retards the cure. From half a drachm to a drachm of the powder of bark, or two or three grains of quinine, were given three or four times a day.

PART II.

Pathological and Surgical Observations relating to Injuries of the Brain. By B. C. BRODIE, F.R.S., and Surgeon to St. George's Hospital.

Throughout the one hundred pages which are devoted to Mr. Brodie's "Pathological and Surgical Observations," there is not a single line worthy of transcribing. The paper is made up of the most commonplace remarks, familiar to the merest tyro, and to be found in every elementary work on surgery. Is this a part of the "valuable matter," which led to the premature birth of the volume? We pass on to the next paper.

Analysis of a Specimen of Cutaneous Perspiration. By J. BOSTOCK, M.D., F.R.S., with an Account of the Case, by RICHARD BRIGHT, M.D., Physician to Guy's Hospital.

The perspired fluid, in this case, submitted to analysis, was obtained from a patient in the clinical ward of Guy's Hospital, labouring under nephritic affection. Under the use of the warm bath, perspiration was excited to such a profuse degree, that the sweat ran completely through the bedding, and formed streams on the floor. The composition of the fluid was found to be as follows:—

Water.....	981.7
Animal matter	4.6
Muriate of soda	12.56
Soda	1.14
Phosphates and sulphates, a trace	
	<hr/> 1000.00

Of the Catarrhus Æstivus, or Summer Catarrh.

By J. BOSTOCK, M.D.

In the tenth volume of the Society's Transactions, Dr. Bostock gave an account of a disease which, from its symptoms, and its occurring only at a certain period of the year, he proposed to name *catarrhus æstivus*. At the time the former communication was made, Dr. Bostock only detailed the symptoms as they occurred in his

own person, whilst, in the present paper, he treats of the disease as it occurred in other individuals, its cause, and observations on the mode of treatment.

Dr. Bostock has met with twenty-eight cases. In all the complaint made its appearance at the same season of the year, viz. about the end of May, or beginning of June, and continued from four to eight weeks.

"Most of them," says the Doctor, "are attended with fulness of the head, stoppage of the nose, sneezing, watering of the eyes, and discharge from the nostrils. In about half of the whole number the respiration is considerably affected, and, in three or four instances, it is almost the only symptom. Some of the cases are attended with distinct cough, most of them with irritation of the fauces, and some with a degree of sore throat. Actual inflammation of the eyes is not a very common occurrence; and, in some of the cases, there is not even the discharge of tears, or the irritation of the eyes. The degree of general indisposition varies very much in the different cases; in some, the patient, during the whole period, is unable to use any exertion, or to continue his ordinary occupations; while, in other instances, he feels no inconvenience, except what arises from the fits of sneezing, and the copious discharge from the nose."

There is no connexion to be traced between the peculiar symptoms, and any circumstances of age, sex, constitution, or mode of life, in the patient. In respect to the exciting cause of the disease, an idea has generally prevailed, that it is produced by the effluvium from new-made hay, and hence has arisen the popular term—*hay-fever*. In his own case, however, Dr. Bostock found that the effluvium from hay had no connexion with the disease.

Case of Rupture of the Stomach produced by Vomiting; with some Observations. By J. N. WEEKES, Esq. M.R.C.S.

"GEORGE ANDOVER, æt. 34, had been liable for about two years to paroxysms of pain in the stomach. The pain usually continued for several hours, and generally went off with vomiting, and it returned at uncertain intervals, frequently of many weeks. Between the attacks the patient enjoyed tolerably good health. About